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AUTHOR Curran, Jack
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ABSTRACT

In this study, a peer-operated university-based anonymous hotline is a data source for the assessment of student concerns and needs, providing empirical information for prevention-oriented psycho-educational campus programming. This paper covers the collection and assessment of data from the anonymous hotline service of the Middle Earth Peer Assistance Program at the State University of New York at Albany. For the 1994-95 academic year, peer assistants recorded information on all calls to the hotline: demographic, call content, and counselor's response. Five tables reflect the patterns of usage of the hotline, representing the topic and frequency of calls and gender of caller. Data indicates that males used the hotline more than females, with most male repeat callers discussing sexual issues. Females, twice as likely to be non-repeat callers, were concerned with such issues as assault, rape, and eating disorders. Training undergraduate hotline staff to record calls with a data collection instrument is vital to the assessment of patterns of usage. Empirical analysis guides future curricula and the targeting of program intervention while acquainting students with the research aspect of the mental health profession. Appended are two recording instruments, and several tables which present statistical analysis. (LSR)

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Assessment -- Service -- Training:

The Many Faces of a University Peer Hotline

Jack Curran, FSC, MSW
Assistant Director, Counseling Center

Manhattan College
Riverdale, New York, 10471
(718) 920 - 0975

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Abstract

Assessment: A peer-operated university-based anonymous hotline for the scientist-practitioner, is a data source for the on-going assessment of student concerns and needs, empirically informing the development of appropriate prevention-oriented psycho-educational campus programming (Stewart and Glenwick, 1990; Lederman, 1991; Pascarella & Terenzini, 1991). Service: Such a hotline is a mental health related service whose hours of operation enhances the availability and accessibility of mental health information and crisis support services on campus. Training: A university hotline is also a field experience arena for the training of undergraduates in the skills and values fundamental to social work, psychology, and other helping professions (Shack, 1988).

This paper will discuss aspects of the assessment of the patterns of usage which guide the on-going development of a hotline's service provision and training dimensions. That is, empirically based implications for quality assurance and the development of prevention-oriented psycho-educational programming for the campus will be discussed. Additionally, factors in the design of a "user-friendly" hotline call record sheet, in the training of undergraduate hotline staff in the use of this data collection instrument, and the role of empirical assessment in guiding the development of the hotline academic course curriculum will be presented (Lenning, 1989; Morrill, 1989). Issues and findings will be discussed in conjunction with relevant college student help-seeking literature.

"The single most important environmental influence on student development is the peer group. By judicious and imaginative use of peer groups, any college or university can substantially strengthen its impact on student learning and personal development" (Astin, 1993, p. xiv).

Introduction

How can a campus community of faculty, staff and administration better fulfill its mission towards the students who are entrusted to it? This is certainly a complex question to consider, pregnant with a host of assumptions and debateable philosophical viewpoints. Towards fulfillment of its mission, however, one thing is certain: it is advantageous for the university community to be as well informed as possible about the specific characteristics of its particular student population (Astin, 1993). Delworth, Hanson and associates (1989) identify "assessment and evaluation" among the "critical basic competency areas" (p. 324) needed to provide effective services for the campus community. Knowing more about the needs and concerns of the people who are the students at a particular school is foundational in the design of appropriate and more effective psycho-educational programs (Pascarella & Terenzini, 1991) as well as service delivery systems.

Consequently, for the competent researcher-practitioner an evaluation of the patterns of usage of a peer-operated hotline can help to better inform the campus community as to the needs and concerns of the particular students entrusted to it. An assessment of this nature can indicate areas in which the campus community needs to either create and/or better deliver effective psycho-educational programs (Lenning, 1989; Morrill, 1989). Additionally, this type of assessment offers the campus community yet another teaching and training arena in which to engage students.

Published research that addresses the patterns of usage of telephone hotlines that are affiliated with colleges or universities is relatively scarce. A review of the literature found only four published studies concerning assessment of college hotlines (Baron, Klein & Thurman, 1980; Wise & Kilberg, 1983; Burket & Hodgin, 1989; Stewart & Glenwick, 1992). Two of these studies reviewed general hotline services: one using data from the late 1970's (Baron, et al, 1980) and the other using data from the late 1980's (Stewart & Glenwick, 1992). The other two studies review problem-specific hotlines: a drug analysis hotline from the late 1970's (Wise & Kilberg, 1983) and an eating disorders hotline from the 1980's (Burket & Hodgin, 1989). Stewart and Glenwick (1992) call for analysis of more recent data in order to enhance the training of staff and their provision of services in the present era.

The Setting

The agency from which the data for this presentation is drawn is the Middle Earth Peer Assistance Program. This agency was developed in 1970 in the spirit of students helping students. It is today a unit of the Department of Health and Counseling Services at the State University of New York at Albany. Middle Earth provides peer assistance, outreach and consultation services to the 16,000 student community as well as to a number of non-university people in the surrounding Capital District region.

The mission of the agency, in keeping with that of the Department of Health and Counseling Services, involves the provision of peer counseling and peer education services in order to assist clients in meeting their educational goals by addressing psychological, social, emotional, and academic concerns. Middle Earth's telephone peer assistance hotline is but one of the service features of the agency, operating from 12 noon to 12 midnight Monday through Thursday, 24 hours a day on the weekend days of Friday, Saturday and Sunday. In addition to providing an anonymous telephone hotline, the Middle Earth peer assistants (N = 188) also operate a walk-in peer counseling service, a telephone pre-recorded tape message service (Info-Line), and a peer-based speakers bureau focusing on psycho-educational and preventive programming. The discussions in this presentation will be limited to an analysis of the patterns of usage of the anonymous hotline service.

Assessment

The Call Record Sheet

To better understand the needs of the student population and to "help inform decisions about intervention" (Reid & Smith, 1989, p. 33), careful assessment of the patterns of usage of the hotline service needs to be undertaken. The usefulness of the assessment depends in large part on the quality and nature of the data recorded. Having the undergraduate peer hotline staff trained in using a comprehensive and "user-friendly" call record sheet is vital to this process. In

addition, this training introduces the undergraduates to an aspect of the scientist-practitioner role of the mental health professional.

During the Summer of 1994 there was a series of discussions about Middle Earth and recent hotline research literature which involved the Director of Middle Earth (a clinical psychologist), a social work professor, a social work doctoral student, psychology graduate student interns, and undergraduate Middle Earth student leaders majoring in both social work and psychology. This led to the design and implementation of a new comprehensive and "user-friendly" data recording instrument (see Appendix A for a copy of the previous instrument and Appendix B for a copy of the new instrument).

Method

For the 1994-95 academic year all contacts to the hotline were recorded on the newly constructed Contact Record Sheets. Based on specific client declaration or call content inference, each peer counselor recorded caller demographic and call content information, as well as the peer counselor's response information. Data from the Contact Record Sheets were coded and entered into an SPSS analysis program by the undergraduate Middle Earth peer assistants who were trained by the social work and psychology graduate students. The weekly supervision and training sessions conducted by the psychology graduate students were helpful forums in which, among other things, data recording decisions were clarified.

Callers were classified as a first-time, repeat, or chronic callers. A chronic

caller is a subset of the repeat callers, being a person who has either called more than three times and/or is well known to the Middle Earth staff and for whom a written counselor-response protocol is on file. Other demographic information was noted as it was known. For the each call the peer counselor was trained to record and rank order up to five main topics using the presenting problem checklist on the Contact Record Sheet. Additionally, a checklist of sub-topics was listed on the Contact Record Sheet to enable further problem specification to be noted. The Contact Record Sheet required that the peer counselor also note the outcome of the call: whether information was provided, a referral made and/or other action was taken in response to the caller's concerns.

Previous research indicates that an analysis of the repeat and non-repeat callers yields more precise findings which are helpful to the campus counseling and student affairs personnel as well as to the hotline training staff in particular (Stewart & Glenwick, 1992). Consequently, frequency and crosstab analyses were performed and separate analyses were made for all, repeat, non-repeat and chronic contacts as well as for both male and female clients. Presented below are some of the relevant results of the analyses of the hotline data from the 1994-95 academic year.

Results

Patterns of Usage Analysis: Who?

During the 1994-95 academic year (September - May) there were 906

contacts made to Middle Earth's hotline with an additional 61 contacts to the Walk-In peer counseling service and 42 contacts to the Info-Line taped message service. Consistent with recent college hotline research (Stewart & Glenwick, 1992) but at odds with college counseling center help-seeking literature (Cook, E. P., Park, W., Williams, G. T., Webb, M., Nicholson, B., Schneider, D. & Bassman, S., 1984; Heppner, Kivlighan, Good, Roehlke, Hills & Ashby, 1994), we found more than half (62.5%) of the contacts were from males (see Table 1). Among the non-repeat calls (N=529 or 58%), however, there was a fairly equal male (50.3%) and female (49.7%) distribution, a finding that is still remarkable in the light of counseling center help-seeking literature. Among the repeat calls (N=377 or 42%) there were more than three times as many calls (78%) from males than from females. The gender distribution among the chronic calls (N=252) continued along the same vein with males accounting for 71.7% of the contacts. In summary, the majority of the calls to the hotline came from males, both one time callers and repeat callers. When males called the hotline they tended to be repeat callers, calling more than once.

Insert Table 1 About Here

A considerable amount of traditional demographic data about the callers to this anonymous hotline is unknown. About one fifth (20.2%) of the calls whose place of origin could be identified were from on-campus with about one fourth (26.8%) of the calls from off-campus. However, the remaining majority of the

calls (53.0%) were from undetermined locations since neither the caller volunteered this information, nor did the peer counselor infer or directly asked for it. Additionally, data pertaining to the class year and ethnicity of the callers was even more incomplete with 69.2% of the calls being recorded with unknown class year information. More than three quarters of all callers (79.7%) were recorded with an unknown ethnicity. The lack of information about these characteristics is due in part to the unique nature and consequent possible attraction of the hotline as an anonymous crisis, referral and information service. Consequently, aggressively seeking this information may prove to be counter-productive to the purposes and goals of the hotline as a service distinct from traditional face to face counseling.

Patterns of Usage Analysis: When?

Consistent with previous college hotline literature, the number of calls received during the weekdays of Monday through Thursday was slightly higher (61.3%) than the number received on weekends (see Table 1). The weekday - weekend distribution is fairly balanced among the repeat callers with only 54.8% of the repeat contacts calling during the weekdays. The repeat callers, those who are more service dependent, use the hotline services consistently across the days of the week. These service dependent people, the majority of whom are male (78.0%), use the hotline services at times when other more traditional mental health services are not available. It is the non-repeat callers who contact the

hotline more during the traditional work days of Monday through Thursday.

Insert Figure 1 About Here

Patterns of Usage Analysis: For What Reasons?

The five most frequent main topics when all calls were examined (see Figure 1) were: General Information (23.0%), Peer Relationships (21.2%), Sexual Concerns (15.3%), Middle Earth Information (10.2%), and Psychological / Emotional Concerns (9.6%). The same five categories (in a different rank order) remained the most frequent main topics of concern among the non-repeat callers. For the repeat callers, however, four of the five categories remained in the top five list with Middle Earth Information being replaced by Family Problems.

Insert Figure 2 About Here

The top five main topics for each gender according to frequency type were examined (see Figure 2). Peer relationships, personal psychological/emotional concerns, and general information are among the most frequent main topics for which both men and women phoned the hotline. In addition, sexual concerns and family problems were more prominent among the male callers, especially the repeat male callers with the sub-topics of sexual orientation and masturbation accounting

for more than half of these calls. The areas of Middle Earth information, assault, rape and eating disorders appear among the top five concerns for the female callers. For female callers the more serious areas (assault, rape and eating disorders) appear among the non-repeat callers, perhaps indicating that the females who use the hotline tend to use it as a referral source for crisis or emergency situations.

Insert Table 2 About Here

Discussion

Service

The preliminary findings of the assessment of Middle Earth's hotline patterns of usage has implications for the development of prevention-oriented psycho-educational programming for the campus. This assessment clearly demonstrates that peer relationship issues and various individual psychological and emotional concerns for both genders continue to need to be addressed in campus programming efforts.

The data indicates that males used the hotline service more than females and particular males do so more repeatedly. Sexual orientation concerns were by far the primary concern of these male repeat callers. If the use of the hotline can be seen as indicative to some extent of the needs of particular target populations,

then student life, residential life and counseling center personnel need to address outreach activities to a seemingly needy male population that is experiencing considerable problems around sexual concerns of orientation and masutrbation.

In addition to concern about relationships and psychological and emotional matters, the females who contacted the hotline were seeking assistance with the issues of assault, rape and eating disorders. Furthermore, females who phoned the hotline were twice as likely to be one time callers. This suggests a need for more of a campus-wide distribution of referral information about services for these matters in addition to the continued development of prevention-oriented programming addressing issues of relationship violence, date rape, abuse and eating habits.

Training

Implications for the development of the hotline academic course curriculum, the areas in which the hotline peer-assistants need training are more empirically documented by a careful analysis of the patterns of usage of the hotline (Lenning, 1989; Morrill, 1989). Clearly, peer relationship issues and various psychological and emotional concerns need to be addressed in the training of peer assistants. Additionally, training around sexual orientation and masturbation for men as well as issues of assault, rape and eating disorders need to be highlighted in the training curriculum.

The training of the peer counselors already includes a host of helping

profession skill areas. Listening and empathetic skills are among those necessary to engage hotline callers. While the needs and concerns of the caller are the primary and immediate concern of the peer counselor, involving the peer assistants in the detailed analysis of the data from the Call Record Sheets demonstrates for the undergraduates the importance of accurate data recording and the reality of the researcher-practitioner model of the mental health professional. Factors in the design of the hotline Call Record Sheet and in the training of the peer assistants in the use of this data collection instrument need to be incorporated in the academic training curriculum as a way of fostering on-going assessment and of role-modeling the scientist-practitioner aspect of the mental health professional's role.

When compared with analyses of other types of services, the high percent (69-75%) of missing information about ethnicity and academic class year may appear unfortunate in terms of its inability to help target programming interventions. Not having this information is, however, due in part to the unique service delivery nature of the anonymous hotline. The anonymity that the telephone affords may in fact be a factor which attracts more non-traditional help-seekers (i.e. males) while leaving these aspects of data collection wanting. Trying to gathering a bit more of this information could be explored in future peer counselor training sessions with the development of non-intrusive questioning protocols.

Further Research

Further research investigating the gender differences among the repeat and non-repeat and chronic callers should be undertaken with data from other colleges and universities with similar hotline programs. Further research in this area might help in developing our understanding of the meaning and magnitude of the gender differences found among the presenting problem of the hotline callers.

Comparative analyses of the data from campus counseling centers and the anonymous hotlines could provide useful information as to the unique service provision aspects of the hotline as well as being helpful to the development of a more complete profile of the campus population's needs and concerns. Further research addressing the referral connection between the hotline and the counseling center might be useful information for the counseling center professionals in the development of out-reach activities.

Conclusions

There are conflicting perceptions of the accessibility and growth of hotlines (Goud, 1985). Proponents see their usage as demonstrative of the willingness of people to seek help that is accessible and economical. Opponents argue that hotlines deceptively provide "band-aid" solutions and that they are highly susceptible to abuse. Those hotlines that are established by helping professionals, however, having trained staff and on-going supervision, are more likely to minimize abuses by establishing response protocols and monitoring the provision of service.

When help-seeking behavior is measured by seeking the services of a

university counseling center, it is known that females are more likely to be willing to seek counseling while males prefer self-help over other options (Cook et al., 1984). The research of Robertson and Fitzgerald (1992) on male students who avoid counseling suggests that to address this, professionals need to offer counseling interventions which are more congruent with traditional male gender role socialization (i.e. emphasizing self-help and problem solving approaches). The preliminary findings of this study indicate that perhaps the peer-operated hotline is perceived as an acceptable or preferable help-seeking venue for males.

Research indicates that one's social network is a factor in the help-seeking process (Gourash, 1978). When faced with a personal concern, both male and female college students prefer to confide first in a friend (Hummers & De Volder, 1979). Additionally, knowing other students in one's social network who have used campus counseling services increases the likelihood that one would seek similar assistance (Berdie & Stein, 1966; Greenley & Mechanic, 1976; Bolin-Reece, 1994). Carr (1987) suggests that one role of professionals is to empower and educate peer counselors, considering them as influential members of a variety of social networks on campus. Training and educating peer counselors to make appropriate referrals, in effect, constructs a bridge to professional services. Professionals can supplement existing counseling services by engaging troubled students through their own peers to whom they naturally tend to turn first (Watson & Ault, 1983). Counselors promoting and deliberately educating for peer counseling can enhance the helping climate of a campus community.

The present study has attempted to contribute to the existing knowledge of college student needs and campus-based hotlines by building upon previous studies and presenting an empirically based assessment of a campus hotline's patterns of usage. Heeding the recommendations of Glenwick and Stewart (1992), this study presented an analysis of the data from a peer-operated hotline at a large public university in the northeast from the 1994-95 academic year. Guided by the literature, particular emphasis was on the patterns of usage that differ on the basis of gender and on the basis of the call being from a repeat or non-repeat caller. These findings have been shown to have implications for psycho-educational programming, service delivery strategies and hotline staff training.

Astin (1993), posits that an institution of higher education can substantially strengthen its impact on student learning and personal development "by judicious and imaginative use of peer groups" (p. xiv). The philosophy and activities of the anonymous hotline of Middle Earth provide an important avenue for this impact. Middle Earth not only provides a valuable service to people in need, but it also gives practical exposure and experience to students considering a career in the helping professions. How is it that a college or university faculty, staff and administration can better fulfill its mission towards the students who are entrusted to them? Perhaps a part of the answer lies with this collaborative and empowering service oriented, undergraduate-operated, educational and emotional support service known as Middle Earth.

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Appendix A

Call_____Walkin_____Counselphone_____
Name_____Age_____ Sex _____
Student (yes) (no) Date_____
Time_____(am/pm) Length of call_____
Operator_____Backup contacted?_____
Referred to_____
_____
Was a Counseling Intake Completed_____
What was the caller asking for?

What did you discuss with the caller?

NATURE OF CONCERN OR ISSUE:

ALCOHOL:
info use/abuse another's use
involved but not main prob. other_____

DRUG:
info use/abuse another's use ID CD
type if known_____other_____

GENERAL AND INFORMATION REQUESTS:
about M.E. groups to talk to vent
what's happening where to go for...
other (specify)_____

INTERPERSONAL:
peer couple dating roomate
family intimacy separation/death
communication other_____

INTRA-PERSONAL:
self-esteem depressed lonely afraid
anxious assertiveness confidence
time management wants counseling
(at ME) (elsewhere) other_____

SCHOOL PROBLEMS:
academic problem adjustment time mgt
grades study skills test anxiety
info/referral other_____

SEXUAL:
pregnancy contraception abortion
orientation STI other _____

SUICIDAL:
concern for self for another intent
please rate risk (hi -lo)

VIOLENCE/LEGAL:
relationship violence rape child abuse
(current or past) legal referral
other_____

MEDICAL:
info/referral eating disorder weight
psychiatric other _____

CHRONIC:
masturbator sex explicit silent
silent caller abusive other_____

What feelings was the caller expressing which you were able to help him/her with by reflective listening?

What alternatives and/or solutions were discussed? what do you understand the caller has decided to do?

How did you feel about this call and your handling of it?

Supervisory comments:

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Yellow = Non-Crisis / Pink = Crisis **MIDDLE EARTH CONTACT RECORD SHEET #_____** Group Supervisor's Initials _____

Date ___/___/____ **Day** _____	**Start Time** _____am or pm **End Time** _____am or pm	**Contact Type:** 1 Hotline 2 Walk-In 3 Info-Line Tape # _____	**BACKUP called?** Yes No

Repeat Caller? Yes No Unsure
Client's Name _____
Possible Chronic? (see Policy Sheet) Yes No
Chronic's Name _____

Previous Sources Of Help Client Used:
_____ Client
Heard About Middle Earth From:
_____

Reason Client Called or Walked-In (Circle All That Apply):
1 Peer Support/Conversation 2 Information 3 Referral 4 Prank 5 Silent Caller

** **RANK** ***MAIN TOPICS*** **from 1 to 5 (1 = Primary Concern Of Client) & CIRCLE** ***SUB-TOPIC*** **Numbers:**

___***ACADEMICS*** (01)
1 Grades 2 Study Skills 3 Time Mgmt
4 Faculty 5 Test Anxiety 6 Graduation

___***AIDS / OTHER STD's*** (02)
1 Testing 2 Risk Factors 3 Treatment

___***ALCOHOL*** (03)
1 Self Use/Abuse 2 Another's Use
3 Intoxicated 4 _____

___***ASSAULT / RAPE*** (04)
1 Physical 2 Sexual 3 Acquaintance
4 Stranger 5 On Campus 6 Off Campus
7 When _____

___***CHILD ABUSE*** (05)
1 Physical 2 Sexual 3 Emotional
4 By Whom_____ 5 When_____

___***DRUGS*** (06)
1 Amphetamines 2 Barbiturates
3 Caffeine 4 Cocaine/Crack
5 Heroin 7 LSD 8 Marijuana
9 PCP 10 Tobacco 11 _____

___***EATING DISORDERS*** (07)
1 Anorexia 2 Bulimia 3 Overeating

___***ETHNIC / RACIAL*** (08)
1 Institutional 2 Individual

___***FAMILY PROBLEMS*** (09)
1 Communication 2 Death
3 Divorce/Separation 4 Separation from Family

___***FINANCIAL*** (10)
1 School 2 Family

___***PEER RELATIONSHIPS*** (11)
1 Dating/Partner 2 Peer 3 Roommate

___***MIDDLE EARTH*** (12)
1 Hours 2 Services 3 _____

___***JOB / EMPLOYMENT*** (13)
1 Time Mgt 2 Unemployed 3 _____

___***LEGAL*** (14)_____

___***MEDICAL*** (15) _____

___***OTHER*** (16) _____

___***PSYCHOLOGICAL / EMOTIONAL CONCERNS*** (17)
1 Anxiety 2 Paranoia 3 Depression
4 Loneliness 5 Self-Esteem 6 _____

___***SEXUAL*** (18)
1 Abortion 2 Addiction 3 Contraception
4 Orientation 5 Performance 6 Pregnancy
7 Masturbation 8 _____

___***SUICIDE / HOMICIDE*** (19)
1 Self 2 Another Person 3 _____

>> **CIRCLE Client's** ***EMOTIONAL STATE*** **At The** ***BEGINNING*** **Of The Contact:**
1 Angry 2 Anxious / Fearful 3 Calm 4 Confused 5 Frustrated 6 Depressed/Sad 7 _____

What is (are) the **PRESENTING ISSUE(S)?**

What **PROBLEM SOLVING STRATEGIES / OPTIONS** were discussed?

OUTCOME of the Contact with the Client (Circle ALL numbers that apply):

1 ***No Action Required and / or No Referral Made***

2 ***Emergency Action*** –Backup Called: Who? _____ Time _____
Action Authorized: 1 CDPC Crisis Unit/Mobil Crisis 3 Off-Campus Police Department
2 University Police Department 4 Ambulance: _____

3 ***Specific Information Client Requested*** (eg. phone #'s, names, directions, policies, meeting times...)

4 ***On-Campus Referral Made***: 1 University Counseling Center 2 University Health Center
3 Other Campus Referral: _____

5 ***Off-Campus Referral Made*** (Specify): _____
_____

>> **CIRCLE** Client's ***EMOTIONAL STATE*** At The ***END*** Of The Contact:
1 Angry 2 Anxious / Fearful 3 Calm 4 Confused 5 Frustrated 6 Depressed/Sad 7 _____

Want to **DISCUSS** this Contact with a Supervisor? Yes No
Peer Counselor **Signature** _____ PRINT Last Name _____

Contact Source:	Client Class Year:	Gender:	Ethnicity:
1 On-Campus	1 Fr 2 So 3 Jr 4 Sr	M F Unknown	1 White 2 Native American
2 Off-Campus	5 Grad 6 Not Student		3 Black/AfricanAmerican 4 Hispanic/Latino
3 Unknown	7 Unknown	Age _____	5 Asian/AsianAmerican 6 _____

Signature of Reviewer _____ Date ____/____/____

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Table 1

Number of Hotline Callers by Frequency Type and Gender (1994-95)

Frequency Type	N (% of total)	% Male
All Hotline Callers	906 (100%)	62.5%
Non-Repeat Callers	529 (58%)	50.3%
Repeat Callers	377 (42%)	78.0%
Chronic Callers	252 (67%)**	71.7%
Repeat Non-Chronic Callers	125 (33%)**	90.8%

Note: Chronic and Repeat Non-Chronic Callers are the two subsets of the Repeat Callers category.
** This % is the % of Repeat Callers for each subset.

Figure 1

Percent of Calls Received on Weekdays and Weekends by Gender (1994-95)

Type of Callers	Weekend		Weekday	
	Male	Female	Male	Female
All 62.5% Male	39.0% 70.1%	29.9%	61.0% 57.7%	42.3%
Repeat 78.0% Male	45.2% 79.9%	20.1%	54.8% 76.4%	23.6%
Non-Repeat 50.3% Male	34.1% 59.9%	40.1%	65.9% 43%	57%
Chronic 71.7% Male	46.7% 73.7%	26.3%	53.3% 70.0%	30.0%

Figure 2

Percent of Calls For Each Main Topic by Frequency Type (1994-95)
(# indicates the Rank Order Position)

Main Topic #1	All Calls (N = 906)	Repeat (N = 377)	Non-Repeat (N = 529)	Chronic (N = 252)	Repeat Non-Chronic (N = 125)
Academics	3.2	2.1	4.0	2.0	2.4
AIDS / Other STDs	0.7	0.3	0.9	0.4	0.0
Alcohol	1.8	0.0	3.0	0.0	0.0
Assault / Rape	1.4	0.3	2.3	0.4	0.0
Child Abuse	0.6	0.5	0.6	0.4	0.8
Drugs	1.2	0.8	1.5	0.8	0.8
Eating Disorders	1.8	0.5	2.6	0.4	0.8
Ethnic / Racial Prejudice	0.0	0.0	0.0	0.0	0.0
Family Problems	3.5	6.1 #5	1.7	6.7 #5	4.8
Financial	0.9	1.1	0.8	0.8	1.6
Peer Relationships	21.2 #2	26.5 #2	17.4 #2	25.0 #2	29.6 #1
Middle Earth	10.2 #4	4.8	14.0 #3	1.6	11.2 #4/5
Job / Employment	0.0	0.0	0.0	0.0	0.0
Legal Concerns	0.4	0.5	0.4	0.8	0.0
Medical Concerns	2.3	1.9	2.6	2.8	0.0
General Information	23.0 #1	10.3 #4	31.9 #1	8.3 #4	14.4 #3
Psychological / Emotional Concerns	9.6 #5	13.8 #3	6.6 #4/5	15.1 #3	11.2 #4/5
Sexual Concerns	15.3 #3	27.6 #1	6.6 #4/5	31.7 #1	19.2 #2
Suicide / Homicide	3.0	2.9	3.0	2.8	3.2

Table 2

Five Most Frequent Main Topics

By Gender and Frequency Type (1994-95)

Non-Repeat Calls (N = 529)				Repeat Calls (N = 377)			
Male (N = 232)		Female (N = 229)		Male (N = 283)		Female (N = 80)	
General Info	22.4	General Info	26.6	Sexual Concerns	35.0	Peer Relations	61.3
Peer Relations	21.1	Middle Earth	19.2	Peer Relations	17.3	Psych/Emotional	20.0
Sexual Concerns	11.6	Peer Relations	18.3	Psych/Emotional	12.0	Academics	6.3
Middle Earth	10.3	Psych/Emotional	6.1	General Info	10.6	General Info	5.0
Psych/Emotional	8.6	Assault/Rape/Eat	4.8	Family Problems	8.1	Middle Earth	2.5

Table 4
Percentages of the Five Most Frequent Main Topic Areas
By Gender and Frequency Type (1994-95)

Repeat Male N = 283	Repeat Female N = 80	Non-Repeat Male N = 232	Non-Repeat Female N = 229